Cover Sheet for Bar Application

This cover sheet is to be included with your application for admission.

NOTE: APPLICATIONS SUBMITTED LATE WILL NOT BE ACCEPTED AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

All applications must be submitted to the appropriate Division by the deadline listed on the Court's website, which can be found under the "Attorney Information" page at http://www.ohsd.uscourts.gov/attorneyinfo.htm

1) Have yo	u registered for an upcoming Ohio Southern District Practice Seminar?	
A)	Yes I am registered to take the seminar in (circle one): <u>Cincinnati</u> - <u>Columbus</u> - <u>Dayton</u> on (enter the date of the seminar)	
B)	No. If you have not registered for, or have not previously attended, the Ohio Southern District Practice Seminar you cannot submit your application at this time.	
NOTE:	The swearing in ceremonies will be held in each Division at the conclusion of the Ohio Southern District Practice Seminar.	
2) Have you previously attended an Ohio Southern District Practice Seminar?		
A)	Yes I have previously attended the seminar at (circle one): <u>Cincinnati</u> - <u>Columbus</u> - <u>Dayton</u> on (enter the date of the seminar)	
B)	I plan to attend the swearing in ceremony at (circle one): <u>Cincinnati</u> - <u>Columbus</u> - <u>Dayton.</u>	
3) Submission of application and fees:		
A)	You must submit your admission application and admission fee to the Division where you plan to attend the seminar/swearing in ceremony.	
	ave further questions about the application process or would like further information e swearing in ceremony, please contact the Clerk's Office.	

For Official Use Only
Date Fee Paid:
Date Certificate Issued:
Oath Administered on:
Date Entered into CM/ECF Database:

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF OHIO

APPLICATION FOR ADMISSION TO THE BAR

PRINTED NAME Please print your name as you want it to appear on your Admission Certificate and as you wish it to be registered in the Court's Case Management/Electronic Case Files System ("CM/ECF"). FIRM NAME				
BUSINESS PHONE FAX				
EMAIL ADDRESS				
ALTERNATE ADDRESS				
ALTERNATE PHONE(S)				
ADMISSION DATE OHIO BAR OHIO BAR NUMBER				
OTHER THAN THE NAME THAT APPEARS ON THIS APPLICATION, HAVE YOU EVER CHANGED YOUR NAME OR BEEN KNOWN BY ANY OTHER NAME OR SURNAME?				
YES NO				
IF YES, PLEASE GIVE NAME AND PROVIDE DETAILS:				
HAVE YOU EVER BEEN DISBARRED OR SUSPENDED FROM PRACTICE BEFORE ANY COURT, DEPARTMENT, BUREAU OR COMMISSION OF ANY STATE OR THE UNITED STATES, OR HAVE YOU RECEIVED ANY REPRIMAND FROM ANY COURT, DEPARTMENT, BUREAU OR COMMISSION PERTAINING TO YOUR CONDUCT OR FITNESS AS A MEMBER OF THE BAR? YES NO IF YES, PLEASE PROVIDE DETAILS:				

I certify that the above statements are truthful and complete to the best of my knowledge.			
SIGNED:	Date:		
CERTIFICATION OF TWO SPO	NSORS		
We, the undersigned members of the bar of the United State District of Ohio, do hereby certify that we are personally acquainted			
We further state that he/she is of good standing in the profession, of good moral character, is otherwise qualified, and in our judgment is a suitable and proper person to be admitted to the bar of this Court.			
PRINTED NAME OF REFERRING ATTORNEY	Bar #		
SIGNATURE OF REFERRING ATTORNEY			
PRINTED NAME OF REFERRING ATTORNEY	Bar #		
SIGNATURE OF REFERRING ATTORNEY			

INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- Current fee for admission (make checks payable to CLERK, U.S. DISTRICT COURT)
 Proof of Completion of the Federal Practice Seminar